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FAX NO. 408 738 0881

P. 03

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Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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11/06/2002

THE LAW OFFICES OF MIKIO ISHIMARU
1110 SUNNYVALE-SARATOGA ROAD
SUITE A1
SUNNYVALE, CA 94087

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

CERTIFICATE OF TRANSMISSION	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO. 09/471,675	FILING DATE 12/24/1999	FIRST NAMED INVENTOR GEORGE LELAND ANDERSON	ATTORNEY DOCKET NO. J015-003	CONFIRMATION NO. 7801
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TITLE OF INVENTION: HIGH SPEED PROGRAMMER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640 \$650	\$0	\$640 \$650	02/06/2003
EXAMINER HECKLER, THOMAS M		ART UNIT 2185	CLASS-SUBCLASS 713-001000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Mikio Ishimaru

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DATA I/O CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond, WA

Please check the appropriate assignee category or categories (will not be printed on the patent)

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number 90-11328 (enclose an extra copy of this form).

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(Authorized Signature) Mikio Ishimaru (Date) 1/28/03

Mikio Ishimaru Reg# 27,449

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